

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: web@drl.state.wi.us  
Website: http://drl.wi.gov

## **DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING** **APPLICATION FOR AUCTION COMPANY REGISTRATION**

An individual who is registered as an auctioneer may act as an auction company without additionally registering as an auction company

A corporation, partnership or association which acts as an auction company must, as an entity, be registered as an auction company and each of its officers, directors, partners or employees who act as an auctioneer or use the title "auctioneer", "registered auctioneer", "certified auctioneer", "licensed auctioneer" or any similar title must also be registered as an auctioneer.

TYPE OR PRINT IN INK

APPLICANT IS: ☐ A corporation formed under the laws of the State of \_\_\_\_\_  
☐ A partnership.  
☐ An association.  
☐ An individual who operates an auction company and who is not required to be registered as an auctioneer.

ENTER NAME OF APPLICANT: Print or type exact name of applicant. If an individual, your personal name only.

ENTER BUSINESS ADDRESS OF THE MAIN OFFICE OF THE AUCTION COMPANY:

Number	Street	PO Box
City	State	Zip Code

ENTER THE DAYTIME PHONE (\_\_\_\_\_) \_\_\_\_\_  
NUMBER OF THE MAIN OFFICE

Most types of business entities must file documents with the Wisconsin Department of Financial Institutions. Contact that office at (608) 261-9555 for more information and **check one** of the statements below:

- ☐ The business entity identified above has filed documents with the Department of Financial Institutions. The business entity has met current legal requirements to engage in business in Wisconsin.
- ☐ The business entity identified above has not filed documents, as described above, with another Wisconsin agency, because the business entity is not required to do so.

**APPLICATION FEE:** Make check payable to Department of Regulation and Licensing and attach to this application.

- ☐ \$ 53.00 Initial license fee  
☐ \$ 81.00 Reinstatement fee

### **For Office Use Only**

Reg #:  
Date Granted:

### **For Receipting Use Only**



# Wisconsin Department of Regulation & Licensing

PRINT OR TYPE THE NAME AND TITLE OF ALL OFFICERS of a corporation, partners of a partnership or directors of an association and check the box in front of those who will act as an auctioneer on behalf of the company. Each person whose name is checked, plus any other employee of the auction company who acts as an auctioneer must register as an auctioneer by filing the Application for Auctioneer Registration (Form #2077).

	NAME	TITLE
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Attach additional page, if needed.

## STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

	<u>YES</u>	<u>NO</u>
A. Has the business entity or any of its business representatives ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, <b>OR</b> are criminal charges or DWI charges currently pending? <u>If YES, complete and attach Form #2252.</u>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the business entity or any of its business representatives ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u>	<input type="checkbox"/>	<input type="checkbox"/>
C. Has any licensing or other credentialing agency ever taken any disciplinary action against the business entity or any of its business representatives, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is disciplinary action pending against the business entity or any of its business representatives in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u>	<input type="checkbox"/>	<input type="checkbox"/>
E. Have any suits or claims ever been filed against the business entity as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u>	<input type="checkbox"/>	<input type="checkbox"/>
F. Does the business entity currently hold, or has held in the past, any credential (license) issued by the Department of Regulation and Licensing or any of the Boards? <u>If YES, what type of credential?</u>	<input type="checkbox"/>	<input type="checkbox"/>

And if in another name, what name? \_\_\_\_\_

# Wisconsin Department of Regulation & Licensing

---

**SELLER'S SALES TAX PERMIT** (Check **ONE** of the statements below. Contact the Wisconsin Department of Revenue at (608) 266-2776 for more information.

- ☐ Applicant has enclosed with this application a current copy of a Wisconsin Seller's Permit from the Department of Revenue. Applicant's permit number or numbers is/are: \_\_\_\_\_
- ☐ Applicant has enclosed with this application a copy of a letter from the Department of Revenue, stating that applicant is not required to obtain a Seller's Permit.
- ☐ Applicant has not obtained a Seller's Permit or a letter from the Department of Revenue, but applicant certifies that applicant has read sec. TAX 11.50, Wis. Admin. Code, and applicant has concluded that all of the applicant's auctions are exempt occasional sales and applicant, therefore, is not required to obtain a Seller's Permit.
- 

## TRADE NAME

If the auction company will use any business name which differs from the name of the applicant, as stated on page 1, that name must be entered on the space provided below (for example, George Washington operates an auction company under the name "Washington Auction Services" or XYZ Corporation conducts auctions under the name "Auction Management Specialists").

TRADE NAME: \_\_\_\_\_  
\_\_\_\_\_

---

## LICENSURE IN ANOTHER STATE

If applicant is currently licensed or registered in another state, list the state or states where licensed.

\_\_\_\_\_  
\_\_\_\_\_

---

*All registrations expire and must be renewed by January 1st of odd-numbered years. Renewal notices are mailed in November of even-numbered years. If this application for a new registration is received by the Department after renewal notices were mailed to current registrants, your registration certificate will expire at the end of the next biennium.*

*You are required by sec. 440.11, Stats., to notify the Department of a name or address change **in writing** within 30 days. Failure to comply may subject the registrant to a \$50.00 fine.*

---

# Wisconsin Department of Regulation & Licensing

---

*The following affidavit must be signed by an individual owner, by 2 officers with authority for a corporate application or by at least 2 partners of a partnership applicant in the presence of a Notary Public.*

I hereby swear and affirm that the answers set forth are true and correct to the best of my knowledge and belief and I understand that if the applicant is issued a registration certificate, failure to comply with the laws and rules enforced by the Wisconsin Department of Regulation and Licensing may be cause for disciplinary action against me, the auction company or any and all registered officers, directors or partners of the auction company.

---

Print/type the name of the person who signs on the next line.

---

Print/type the name of the person who signs on the next line.

---

Signature of Individual Owner,                      Date  
Officer, Partner or Director

---

Signature of Individual Owner,                      Date  
Officer, Partner or Director

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_ .

---

Signature of Notary Public                      (Seal)

---

Date Commission Expires